

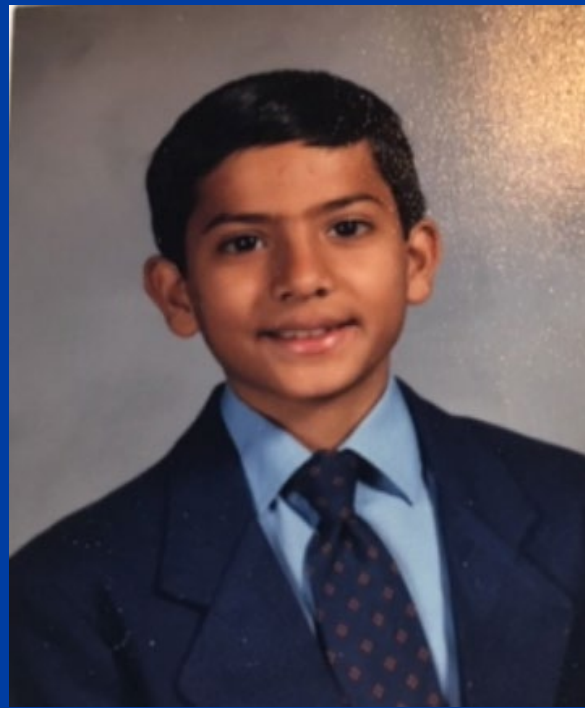
Building and Maintaining the Strength and Resilience of Community

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Healthy Futures Summit

Building Resilient Communities

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Power of Personal Narrative: Bringing Us Together – As a Collective vs. Individual Story

Align to Achieve Optimal Results

Collective Impact:

The key to improved health results at lower costs



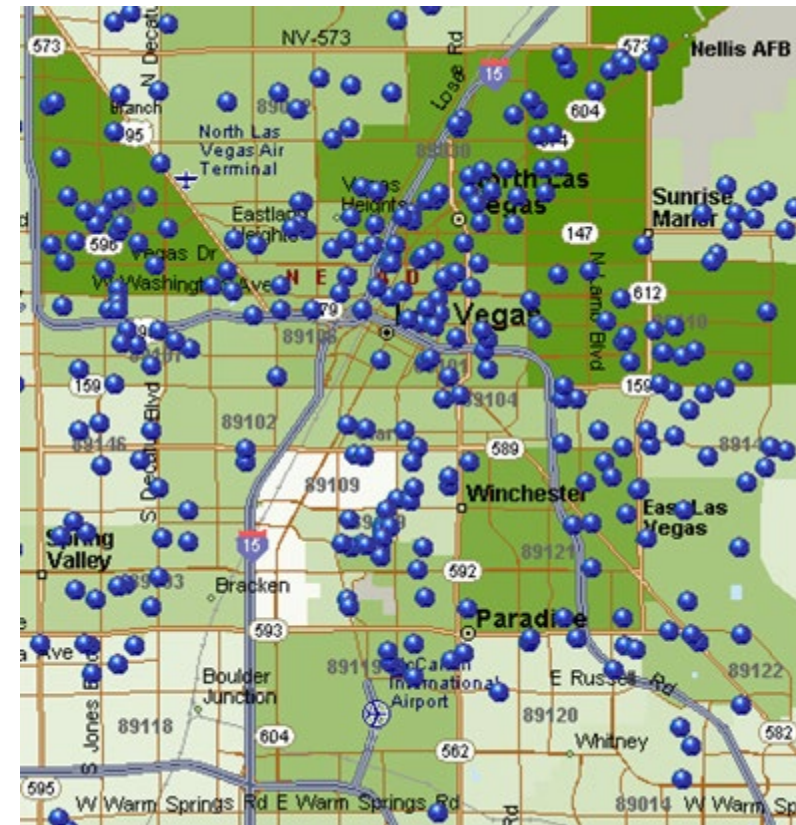
Focused efforts include:

- **Supporting** efforts to align with Evidence-Based Approaches
- **Accelerating** access to patient data, Holistically Supporting Most Complex
- **Aligning** disparate data sources, Create a Socio-Clinical Perspective
- **Advocating** for resources from government and corporate partnerships
- **Scaling** learnings based on positive outcomes

Build & Expand Non-Traditional Partnerships

Partner to Align Populations Across Anchor Institutions

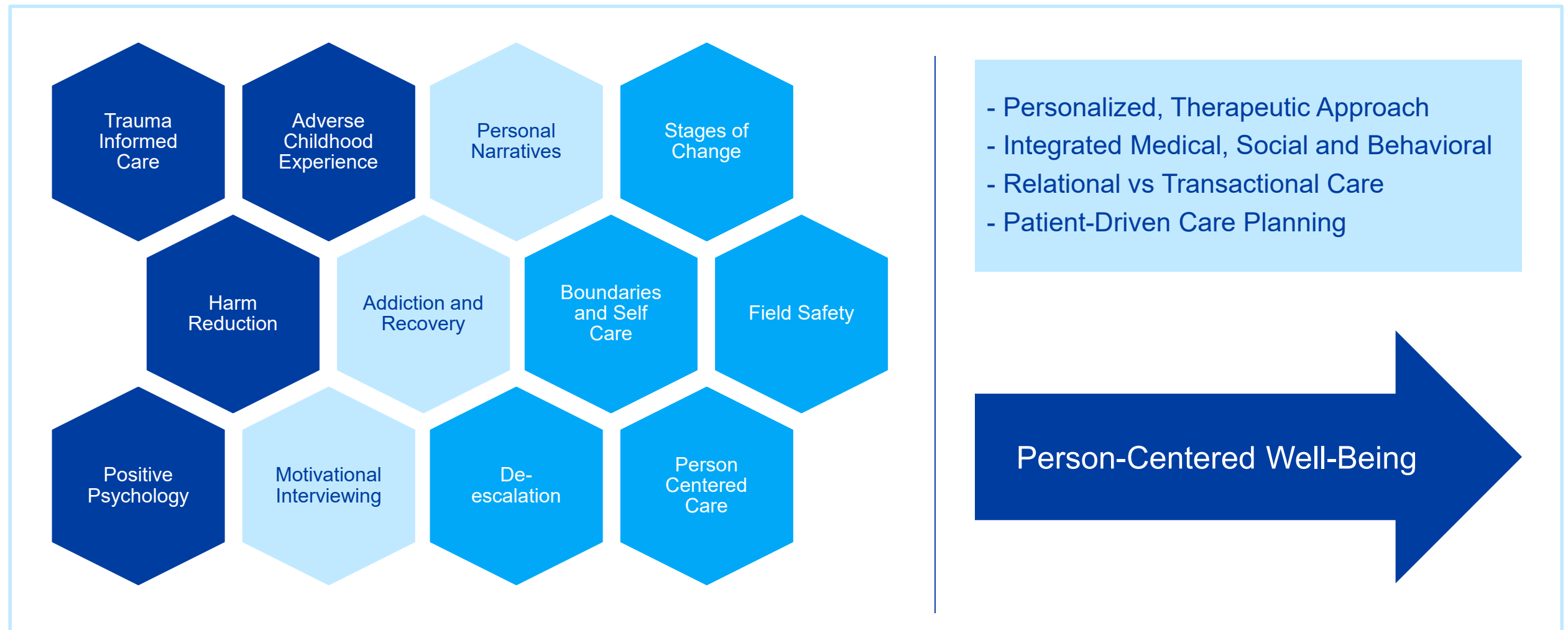
- School and Universities
- Jails and Prisons
- Healthcare Organizations
- Social Service Agencies
- Financial Institutes
- Transportation Controllers



By collaborating with entities that control vast economic, human, intellectual, and institutional resources, anchor institutions have the potential to bring crucial, and measurable, benefits to local patients, their families, and communities.

Meaningfully Engage Your Community

Care Philosophy for Complex Care - Aligning in Practice



Develop Collective Language

- Words matter, division or unification?
- Develop communication patterns that cut across traditional barriers of patient care
- Complexity should be recognized and simplified
- Organize based on learnings and work together
- Achieve a common objective

2019 Social Determinants of Health ICD-10 Codes

As a care provider, you play an important role in helping identify members who may have a social determinant of health (SDOH), which often creates a barrier to health and wellness. SDOH are the conditions in which people are born, grow, live, work and age. They include factors like:

- Access to health care and healthy food
- Education circumstances
- Employment and socioeconomic status
- Physical environment
- Social support networks
- Foster care

If you're providing services to a UnitedHealthcare member and are capturing a SDOH that has an existing ICD-10 code, please use the following list of ICD-10 codes to include the appropriate codes on claims you submit.*

We know these codes do not address all social factors that impact health and wellness. To strengthen our ability to work together with you to help more people, UnitedHealthcare has made a recommendation to expand the ICD-10 codes to be more comprehensive. For now please use the established codes, which provide an opportunity for us to collect, understand and address some of your patients' SDOH.

ICD-10 Codes to Identify SDOH

Description	ICD-10 Codes
Contact with and suspected exposure to arsenic, lead or asbestos	Z77.010 Contact with and suspected exposure to arsenic Z77.011 Contact with and suspected exposure to lead Z77.090 Contact with and suspected exposure to asbestos
Educational circumstances	Z55.0 Illiteracy and low level literacy Z55.1 Schooling unavailable and unattainable Z55.2 Failed school examinations Z55.3 Underachievement in school Z55.4 Education maladjustment and discord with teachers and classmates Z55.8 Other problems related to education and literacy Z55.9 Problems related to education and literacy, unspecified
Effects of work environment	Z56.0 Unemployment, unspecified Z56.1 Change of job Z56.2 Threat of job loss Z56.4 Discord with boss and workmates Z56.89 Other problems related to employment Z56.9 Unspecified problems related to employment
Foster Care	Z62.822 Parent-foster child conflict Z62.21 Child in welfare custody
Homelessness/other housing concerns	Z59.0 Homelessness Z59.1 Inadequate housing Z59.2 Discord with neighbors, lodgers and landlord Z59.8 Other problems related to housing and economic circumstances Z60.2 Problems related to living alone

Better Together

Healthcare Imperatives

1. Develop **Socio-Clinical Networks** across the populations you serve
2. **Create new pathways** to Stabilize Complex and Costly populations
3. Cultivate innovations to **Impact Patient Care and Policy**
4. Collectively **Represent Learnings in Population Health Forums**

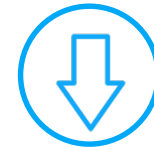
Achieve the “Quadruple Aim”

Reduce Utilization and Cost
Enhance Health Outcomes and Wellbeing
Increase Transitions Out of Institutions
Activate Vulnerable Patients Using Story
Improve Behavioral Health and Primary Care Access

Thank YOU – Advance the Common Good, One Person at a Time!



Better care.



Lower cost.



Better outcomes.